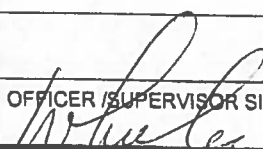
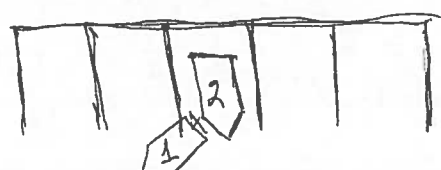


CR NUMBER 21-659	ACCIDENT DATE 01/16/21	ACCIDENT TIME 0900	DAY OF WEEK Sat	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1450 E Summit St			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Al. Madd. J 05/01/00	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1450 E Summit St	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2017 Nissan Altima Med	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE HTC 4221 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Geico	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Front right bumper, passenger door	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>It appears that an unknown vehicle, Unit 1, backed into Unit 2. Unit 2 has damage to front right of vehicle. Damage is functional. Unit 2 was parked in a parking stall, stationary.</p>				
OFFICER / SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW 